Bristol Hospital Plan of Correction-Action

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	Administration (2) and/or (c) Medical staff (4)(A) and/or (d) Medical records (3) and/or (e) Nursing service (1).	Tag/ Violation
1. A retrospective chart audit will be performed for patients presenting with complaints of chest pain that require an EKG, and the time within which it was obtained. This audit will be performed for 90 days or until 100% compliance is obtained for 3 consecutive months. The audit will begin July 24th, 2017. 2. Audit results will be reported to The Quality Improvement Committee of the Board.	 Plan/System Improvement: Bristol Hospital will ensure that patients who present to the Emergency Department with chest pain will have an EKG completed within ten minutes of arrival per standing order protocol. Implementation: 1. ED staff safety huddles performed at 7am and 3pm beginning 06/19/2017 included a review of emergency department nursing guidelines and criteria for obtaining an EKG within 10 minutes of arrival. 2. Staff members will read & sign an educational packet regarding the nursing guidelines for obtaining an EKG for patients presenting to the Emergency Department with chest pain by August 1, 2017. 3. This issue will be a standing monthly agenda item for the Emergency Department staff meetings for three months beginning July 27th, 2017. 	Defined Measures to Prevent Reoccurrence
Clinical Coordinators Director of Quality	Director of Emergency Services	Person Responsible
	Aug 31, 2017	Completion Date

Bristol Hospital Plan of Correction-Action

The state of the s						Section 19-13-D3 (b) Administration (2) and/or (d) Medical records (3) and/or (e) Nursing service (1).	Tag/ Violation
The second secon	 An audit of RN #2's documentation in patient medical records will be conducted on a weekly basis to ensure appropriate and timely documentation. The audit results will be reviewed weekly by the Director of Emergency Services. The audit will continue until 100% compliance is achieved for 4 consecutive months. The Director of Emergency Services will inform the Quality department of the audit results on a monthly 	Monitoring:	are held at 7am and 3pm, included a review of documentation policies. 3. All emergency department nurses will read & sign the Bristol Hospital policy for nursing documentation by August 1, 2017. 4. This issue will be a standing monthly agenda Item for the emergency department staff meetings for three months beginning July 27th, 2017.	 Immediate corrective action plan was implemented with RN #2, which included re-education, 90 day probation and a written warning. Immediately beginning on 6/19/2017, staff safety huddles held in the Emergency Department which 	Implementation:	Plan/System Improvement: The Director of Emergency Services and Clinical Coordinators of the Emergency department reviewed the hospital policy requiring appropriate documentation of a patient's care in a timely manner with the Emergency department staff.	Defined Measures to Prevent Reoccurrence
	Director of Emergency Services			Director or Emergency Services		Director of Emergency Services	Responsible Person
				Aug 31, 2017			Completion Date

4. Results Improve	Tag/ Violation Defined
basis. Results of the audits will be reported to The Qualify Improvement Committee of the Board	Defined Measures to Prevent Reoccurrence
Director of Quality	Responsible Person
	Completion Date

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